

IN THE SUPERIOR COURT OF WASHINGTON  
FOR THE COUNTY OF KING

In the Guardianship of: \_\_\_\_\_ ) Case No.:  
\_\_\_\_\_ )  
\_\_\_\_\_ ) GUARDIAN AD LITEM'S  
\_\_\_\_\_ ) STATEMENT OF QUALIFICATIONS  
\_\_\_\_\_ ) RCW 11.88.090(3)  
\_\_\_\_\_ )  
\_\_\_\_\_ ) (ST)

**GUARDIAN AD LITEM STATEMENT OF QUALIFICATIONS**

This statement is presented as required by RCW 11.88.090(3):

A. Requisite areas of background, knowledge, training, and experience are detailed below:

1. Level of formal education: \_\_\_\_\_
2. Training related to Guardian ad Litem duties: \_\_\_\_\_
3. Number of years' experience as Guardian ad Litem: \_\_\_\_\_
4. Number of prior appointments as Guardian ad Litem (*as of today's date*):
  - (a) This County: \_\_\_\_\_
  - (b) Other Counties: \_\_\_\_\_
5. Criminal history (as defined in RCW 9.94.A.030): \_\_\_\_\_
6. Knowledge or experience in needs of:
  - (a) Impaired elderly: \_\_\_\_\_
  - (b) Persons with physical disabilities: \_\_\_\_\_
  - (c) Persons with mental illness: \_\_\_\_\_

(d) Persons with developmental disabilities: \_\_\_\_\_

(e) Other incapacitated persons: \_\_\_\_\_

7. Familiarity and experience with legal procedures involving Guardianships:

\_\_\_\_\_

8. Familiarity and experience in dealing with the provisions of Chapter(s) 11.88 and 11.92

RCW: \_\_\_\_\_

B. I have been removed as a Guardian ad Litem:

1. ☐ Yes

☐ No

2. If yes, please explain each instance on a page attached hereto.

C. I have successfully completed the model Guardian ad Litem training program of this County

on \_\_\_\_\_[month/day], \_\_\_\_\_[year] at

\_\_\_\_\_.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Printed Name of Petitioner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone/Fax Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Email Address